Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS2807AGC	A. BUILDING _____ B. WING _____	C 02/02/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RUNAMAR HOME HEALTH INC	7907 MOUNTAIN MAN WAY LAS VEGAS, NV 89113

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28778 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 1/22/10 to 2/02/10. This State licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for eight (8) Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illnesses, three (3) Category I residents and five (5) Category II residents. At the time of the survey census was seven (7). Three (3) employee and seven (7) resident files were reviewed. The following deficiencies were identified:	Y 000		
Y 557 SS=D	449.262(3)(a) Restriction on Use of Restraints NAC 449.262 3. The members of the staff of a residential facility shall not: (a) Use restraints on any resident. This Regulation is not met as evidenced by: Surveyor: 28778 Based on observation, record review and interview on 1/22/10, the facility allowed restraints	Y 557		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 557	Continued From page 1 to be used on 3 of 7 resident beds (Full sided bed rails on beds in Bedrooms #1 and #5). Severity: 2 Scope: 1	Y 557		
Y 851 SS=G	449.274(1)(b) Medical Care of Resident NAC 449.274 1. If a resident of a residential facility becomes ill or is injured, the resident's physician and a member of the resident's family must be notified at the onset of the illness or at the time of the injury. The facility shall: (b) Request emergency services when such services are necessary. This Regulation is not met as evidenced by: Surveyor: 28778 Based on record review and interview from 1/22/10 to 2/02/10, the facility failed to call emergency services immediately after 1 of 7 residents experience breathing difficulties (Resident #1). Findings include: During multiple interviews, it was discovered that Employee #1 called the facility administrator first when he discovered Resident #1 was non-responsive and having breathing difficulties. When the employee called the facility's administrator, the administrator then instructed the employee to call 911. By calling the administrator first, the employee caused a delay	Y 851		

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Y 851	Continued From page 2 in the provision of emergency services for the resident. Severity: 3 Scope: 1	Y 851		